

LEA Subgrant Application

SCHOOL: _____ **Budget Allotment:** _____

Return to:
 Mary Greenfield, NSIG Coordinator
 Nebraska Department of Education
 301 Centennial Mall South - P.O. Box 94987
 Lincoln, NE 68509-4987

NDE 06-028
 (Rev. 1/01)

LETTER OF INTENT NSIG STATE DISCRETIONARY PROJECT

1. Name and Title of LEA Administrator:	6. Name and Title of LEA Project Director:
2. Name of Agency:	7. Address (Include Street, City and Zip Code)
3. County Name:	8. Telephone Number (Include Area Code) ()
4. Title of Project <div style="text-align: center; margin-top: 10px;"><u>N-SIG Local Grant</u></div>	9. Amount Applying For (Total) \$ _____
5. Proposed Project Duration (One year only) <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 10px;"> <div> TO _____ Month, Day, Year </div> <div> _____ Month, Day, Year </div> </div>	10. Specify State Plan Priority Area <div style="text-align: center; margin-top: 10px;"><u>Personnel Development</u></div>
11. Assurances <i>(Read carefully and check to affirm understanding and compliance with the assurances.)</i> <u>This agency will:</u> <div style="list-style-type: none; padding-left: 0;"> <input type="checkbox"/> Create a program plan that is developed in collaboration and support from the local NSIG School Leadership Team. <input type="checkbox"/> Fulfill the obligation for program planning and will submit plans according to established timelines. <input type="checkbox"/> Implement programs and practices that are evidence-based and focus on positive behavioral and instructional supports systems. <input type="checkbox"/> Devote sufficient resources to enable effective professional development activities identified in the program planning phase. <input type="checkbox"/> Administer only the plans and activities identified in the application process. <input type="checkbox"/> Administer a formal needs assessment process (SER) biannually in the fall and spring. <input type="checkbox"/> Participate in program evaluation at the state and local level. <input type="checkbox"/> Use fiscal control and fund accounting procedures that ensure proper disbursement of and accounting for Federal funds paid to the LEA. </div> <p>ASSURANCES AND CERTIFICATION STATEMENT: Your signature assures the Nebraska Department of Education that the above assurances shall be implemented and complied with as stated.</p>	

12. _____

Signature and Title of Agency Administrator

13. _____

Date

NDE USE ONLY

Approved By NDE

Signature

Date of Signature

Section 14: Brief Description of Program

Section 15: Team Composition

Position:

Name

- 1. LEA Administrator**
- 2. General Education Teacher**
- 3. Special Education Teacher**
- 4. School Psychologist and/or Counselor**
- 5. Parent of a child without a disability**
- 6. Parent of a student with a disability**
- 7. Agency Representative**
- 8. Community Member**
- 9. Other:**

ACTION PLAN
Systems 1.0 2.0 3.0 4.0 5.0 6.0
 (circle the respective system)

17. GOAL: _____

16. NEEDS (Service Gaps)	18. OBJECTIVES (Observable/Measurable)	19. ACTIVITIES (Strategies)	20. BUDGET	21. TIMELINE (Begin _____) (End _____)	22. METHOD OF EVALUATION
	1.	1.	1. \$ _____		
	2.	2.	2. \$ _____		
	3.	3.	3. \$ _____		
	1.	1.	1. \$ _____		
	2.	2.	2. \$ _____		
	3.	3.	3. \$ _____		
	1.	1.	1. \$ _____		
	2.	2.	2. \$ _____		
	3.	3.	3. \$ _____		
	1.	1.	1. \$ _____		
	2.	2.	2. \$ _____		
	3.	3.	3. \$ _____		
	1.	1.	1. \$ _____		
	2.	2.	2. \$ _____		
	3.	3.	3. \$ _____		
			Budget Total \$ _____		

Section 23: Budget Summary (Add all formulas to the page)

A. Professional Development Materials for Staff Study \$ _____

B. Conference Registrations/Expenses** \$ _____

C. Staff Mileage \$ _____

D. Staff Stipends \$ _____

E. Substitutes Costs \$ _____

F. Trainer Honorarium* \$ _____

G. Trainer Travel \$ _____

H. Other: (Please specify) \$ _____

I. **TOTAL COST OF PROJECT** \$ _____

***List name of trainer (if possible)**

****Out-of-State travel not allowed**